



# Application for Residential Account

## PRIMARY APPLICANT INFORMATION

<b>Requested Start Date:</b>		<b>All fields are required for set up</b>	
Have you had or have service with ENSTAR? Y / N		What address:	
Last Name:		First Name:	Middle Initial:
Date of Birth:	SSN:	ID Number:	Type of ID:
Occupation:		Employer:	Employer Phone:
Primary Phone:		Mobile Phone:	Alt Phone:
Primary Email:		Alt Email:	
Mailing address:		City:	State: Zip:
Preferred Method of Contact (Circle all that applies): Email Phone USPS Mail SMS/TEXT (see below)			
_____ Initial here if you opt in for SMS/TEXT messaging and assume all rates applicable by your cellular provider			

## SECURITY QUESTIONS- Provide an answer to one of the two questions below

1. Mothers Maiden Name:	2. Name of First Pet:
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## EMERGENCY CONTACT INFORMATION

Emergency contact should be a person not living at the premise. This would be a contact in the event of an emergency, such as a gas leak or line break affecting the gas service at the service address.

Emergency Contact:	Emergency Contact Phone:
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## CO-APPLICANT INFORMATION

_____ Financially Responsible	_____ Authorized to obtain account information only
Relationship with Primary Applicant:	
Have you had or have service with ENSTAR? Y / N	
What Address:	
Last Name:	
First Name:	
Middle Initial:	
Date of Birth:	SSN:
ID Number:	Type of ID:
Occupation:	Employer:
Employer Phone:	
Primary Phone:	Mobile Phone:
Alt Phone:	
Primary Email:	Alternate Email:
Mailing Address:	City:
State:	Zip:
Preferred Method of Contact (Circle all that applies) Email Phone USPS Mail SMS/TEXT (see below)	
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## SERVICE ADDRESS INFORMATION

Service Address:		Unit/Apt
City:	Own/Rent	Landlord/Property Lender Name and Phone:
Property Type:	Single Family Home Condo Multi-Dwelling Trailer Other _____	
Is this property New Construction? Y / N	Meter Number:	

- A deposit is required for new service or if establishing service in a different rate class. A Letter of Credit from a current or recent utility showing acceptable payment history may be submitted and considered as a deposit waiver
- A reconnect fee will be required if gas service is disconnected

## PRIMARY APPLICANT SIGNATURE

## CO APPLICANT SIGNATURE

Print Name:	Print Name:
Signature:	Signature
Date:	Date: